

Questionnaire and clinical data of patients hospitalized at the HUCAM-Covid 19 project.

Name: \_\_\_\_\_ register: \_\_\_\_\_

Phone number: \_\_\_\_\_

01. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 02. Age: \_\_\_\_\_ 03. RESIDENCY: \_\_\_\_\_

04. Ethnicity: ( ) black ( ) other

05. Living with partner: \_\_\_\_\_ 06. Schooling: \_\_\_\_\_

07. Cohabitants: \_\_\_\_\_ 08. Elderly cohabitants: \_\_\_\_\_

09. Currently employed: \_\_\_\_\_

10. Previous chronic disease: ( ) No ( ) Hypertension ( ) Other cardiovascular disease ( ) Diabetes  
( ) lung disease ( ) kidney disease ( ) immunosuppressive disease ( ) Obesity ( ) STD  
( ) other \_\_\_\_\_

Current weight: \_\_\_\_\_ Height: \_\_\_\_\_ ( ) alcohol abuse ( ) other drug abuse: which  
one? \_\_\_\_\_ ( ) smoking: cigars/day \_\_\_\_\_ ( ) use of medicine: which? \_\_\_\_\_

11. Obstetric issues:

Pregnancies: \_\_\_\_\_ Births: \_\_\_\_\_ Abortions: \_\_\_\_\_ Stillbirths: \_\_\_\_\_ Neonatal-death: \_\_\_\_\_

Gestational Age: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Gestational Diabetes: ( ) yes ( ) no

Preeclampsia: ( ) yes ( ) no

Hyperemesis ( ) yes ( ) no

Rubella: IgG ( ) IgM ( )

Toxoplasmosis: IgG ( ) IgM ( )

HBsAg: ( ) positivo ( ) negativo

Anti HCV: ( ) positivo ( ) negativo

ANTI-HIV: ( ) positivo ( ) negativo

VDRL: \_\_\_\_\_

Other: \_\_\_\_\_

13. Presented any of these symptoms since March 2020?

- |                         |                                      |
|-------------------------|--------------------------------------|
| ( ) Fever or chills     | ( ) Diarrhea                         |
| ( ) Cough               | ( ) Loss of sense of smell and taste |
| ( ) Shortness of breath | ( ) Sneezing                         |
| ( ) Sore throat         | ( ) Runny nose                       |
| ( ) Headache            | ( ) None                             |
| ( ) Asthenia/myalgia    |                                      |

14.1 If yes, When it began? \_\_\_\_\_

14.2 When did the symptoms end? \_\_\_\_\_

14. Have you been seen by a health professional in the last few months? (since March 2020)

( ) yes ( ) no

15. In the last months (since March 20) have you been hospitalized due to flu syndrome?

( ) yes, in the hospital ward ( ) yes, in the ICU ( ) no

16. Have you been submitted to the rt-pcr test for sars-cov-2 detection?

( ) no ( ) yes, result: \_\_\_\_\_ when? \_\_\_\_\_

17. Have you had close contact with a confirmed case of covid-19? ( ) yes ( ) no

18. Did you have close contact with a suspected case of covid-19? ( ) yes ( ) no

19. Have you had any interstate or international travel in the past few months? ( ) yes ( ) no

21: Have you been working for the last few months? ( ) yes ( ) no ( ) remote

22: Did you comply with government guidelines to leave the house to perform only strictly necessary activities? ( ) yes ( ) no

23. Clinical examination on admission:

BP: \_\_\_\_/\_\_\_\_ mmHg. Edema: ( ) sim ( ) não. Uterine fundus measurement: \_\_\_\_\_ cm.

Metrosystoles: ( ) no ( ) yes \_\_\_\_/10min. Aminoarrexia: ( ) yes ( ) no.

Axillary temperature: \_\_\_\_\_ Respiratory frequency: \_\_\_\_\_ Heart rate \_\_\_\_\_ SpO2: \_\_\_\_\_

24. Exams performed on admission to hospital:

Covid-19 rapid test: IgG \_\_\_\_\_ IgM \_\_\_\_\_

PCR para COVID-19 (until 48H): ( ) positive ( ) negative ( ) not performed

HIV rapid test: ( ) positive ( ) negative

Syphilis rapid test: ( ) positive ( ) negative

Hepatitis B rapid test: ( ) positive ( ) negative

Hepatitis C rapid test: ( ) positive ( ) negative

25. Obstetric outcome: Date of birth: \_\_\_\_/\_\_\_\_/2020

25.1 ( ) term birth ( ) premature birth ( ) abortion ( ) molar pregnancy ( ) ectopic pregnancy  
( ) other \_\_\_\_\_

25.2 ( ) spontaneous vaginal birth ( ) induced vaginal birth ( ) emergency cesarean birth  
( ) elective cesarean birth.

25.3 Indication for delivery (induction/c-section):  
\_\_\_\_\_

25.4 Birth complications: \_\_\_\_\_

26. NB data:

( ) AGA ( ) SGA ( ) LGA

Apgar index: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_ TP: \_\_\_\_\_ CP: \_\_\_\_\_ AP: \_\_\_\_\_

Cord clamping: ( ) opportune ( ) immediate

Rupture of membranes: ( ) at the time of expulsion ( ) before expulsion/c-section

Time since ruptured membranes: \_\_\_\_\_

Neonatal ICU admission: ( ) yes ( ) no

Congenital malformation: ( ) yes ( ) no If yes, which one? \_\_\_\_\_

Birth trauma: ( ) yes ( ) no

Neonatal death: ( ) stillbirth ( ) postnatal death ( ) no

Hypoglycemia: ( ) yes ( ) no

Nb blood type: \_\_\_\_\_ ( )

Jaundice: ( ) yes ( ) no

Phototherapy: ( ) yes ( ) no

Weigh on hospital discharge: \_\_\_\_\_g Days since birth: \_\_\_\_\_

NB condition at hospital discharge: ( ) exclusive breast-feeding ( ) BF + infant formula ( ) only formula

DATE: \_\_\_\_/\_\_\_\_/2020.